

# Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

# ORIGINAL

COVER PAGE - LONG FORM

IF FILED FEB 18 2004 REGISTRAR OF VOTERS By <i>[Signature]</i> Deputy	DATA Stamp	CALIFORNIA FORM 460
	Page 1 of 3	A For Official Use Only

Statement covers period  
from 01/18/2004  
through 02/14/2004

Date of Election if applicable:  
(Month, Day, Year)  
03/02/2004

## 1. Type of Recipient Committee:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee                          |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Primarily Formed                                  |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Controlled  |
|  | <input type="checkbox"/> Sponsored   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate Officeholder Committee |
| <input type="checkbox"/> Sponsored   |  |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

## 2. Type of Statement:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement                                   |
| <input type="checkbox"/> Semi-annual Statement             | <input type="checkbox"/> Special Odd-Year Report                               |
| <input type="checkbox"/> Termination Statement             | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 405 |
| <input type="checkbox"/> Amendment (Explain below)         |  |

## 3. Committee Information

I.D. NUMBER  
1243639

COMMITTEE NAME

Bill Campbell for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

( ) /

## Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2-17-04

DATE

Executed on 2/17/04

DATE

Executed on

DATE

Executed on

DATE

By *[Signature]*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *[Signature]*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee  
Campaign Statement  
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COVER PAGE - PART 2

CALIFORNIA  
FORM 460

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5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Campbell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, District 3, Orange County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement  
Summary Page

SUMMARY PAGE

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1243639</u>

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>2,850.00</u>	\$ <u>4,150.00</u>
2. Loans Received ..... <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>65,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>2,850.00</u>	\$ <u>69,150.00</u>
4. Non-monetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>2,850.00</u>	\$ <u>69,150.00</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30      7/1 to Date

20. Contributions Received ..... \$           

21. Expenditures Made ..... \$           

**Expenditures Made**

6. Cash Payments ..... <i>Schedule E, Line 4</i>	\$ <u>21,639.21</u>	\$ <u>25,029.43</u>
7. Loans Made ..... <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>21,639.21</u>	\$ <u>25,029.43</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>(11,440.00)</u>	<u>600.00</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>10,199.21</u>	\$ <u>25,629.43</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditure Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)      Total to Date

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>98,173.22</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>2,850.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>21,639.21</u>
16. <b>ENDING CASH BALANCE</b> ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>79,384.01</u>

*If this is a Termination Statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>65,600.00</u>

**Schedule A**  
**Monetary Contributions Received**

SCHEDULE A

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/09/2004	Commonwealth Energy Corporation [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	400.00 (P04)
02/09/2004	Tad Danz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Newport Diversified, Inc.	900.00	900.00	1,400.00 (P04)
02/09/2004	Steven Esmond [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President  Brown & Caldwell	250.00	250.00	250.00 (P04)
02/09/2004	Sempra Energy [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	1,400.00 (P04)
02/09/2004	Standard Pacific of Orange County [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900.00	900.00	1,400.00 (P04)

**SUBTOTAL \$ 2,850.00**

**Monetary Contributions Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 2,850.00
- Amount received this period - contributions of less than \$100.  
(Do not itemize.) ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 2,850.00**

**Schedule B - Part I**  
**Loans Received**

SCHEDULE B - Part I

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Bill Campbell [REDACTED] [REDACTED]  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor  Orange County	\$ <u>10,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>10,000</u>  12/31/2004 DATE DUE	\$ <u>0.000</u> RATE \$ <u>0</u>	\$ <u>10,000</u>  03/15/2002 DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>30,000</u> P04	
Bill Campbell (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>35,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>35,000</u>  / / DATE DUE	\$ <u>0.000</u> RATE \$ <u>0</u>	\$ <u>35,000</u>  02/27/2003 DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>30,000</u> P04	
Bill Campbell (Continued) (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>20,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>20,000</u>  12/31/2004 DATE DUE	\$ <u>0.000</u> RATE \$ <u>0</u>	\$ <u>20,000</u>  06/26/2003 DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>30,000</u> P04	
<b>SUBTOTAL</b>		\$	0.00	\$	0.00	\$	65,000.00	\$	0.00

**Schedule B Summary**

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus itemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \$ 0.00  
Enter the net here and on the Summary Page, Column A, Line 2

**Schedule E  
Payments Made**

**SCHEDULE E**

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFO returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Bill Campbell [REDACTED] [REDACTED]	OFC		251.49
Diane Stone & Associates [REDACTED] [REDACTED]	CMP CNS	53.46 11,440.00	11,493.46
OCFA Firefighter Memorial [REDACTED] [REDACTED]	CVC		7,500.00

**SUBTOTAL \$ 19,244.95**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ 21,594.95
2. Unitemized payments made this period of under \$100. ....	\$ 44.26
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) .....	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... <b>TOTAL</b>	\$ 21,639.21

Schedule E  
(Continuation Sheet)  
Payments Made

SCHEDULE E (CONT.)

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>7</u> of <u>8</u> I.D. NUMBER <u>1243639</u>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Patrick Ortiz [REDACTED] [REDACTED]	RFD	Return of 09/24/2003 Contribution	800.00
Savala Construction Co. Inc. [REDACTED] [REDACTED]	RFD	Return of 09/24/2003 Contribution	1,550.00
SUBTOTAL \$			2,350.00

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

SCHEDULE F

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>8</u> of <u>8</u> I.D. NUMBER <u>1243639</u>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Diane Stone & Associates [REDACTED] [REDACTED]	CNS	11,440.00	0.00	11,440.00	0.00
Lea Petersen [REDACTED] [REDACTED]	FND	600.00	0.00	0.00	600.00
<b>SUBTOTALS \$</b>		<b>12,040.00 \$</b>	<b>0.00 \$</b>	<b>11,440.00 \$</b>	<b>600.00</b>

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL** \$ 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL** \$ 11,440.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$ (11,440.00)